

**TINJAUAN SIKAP PETUGAS KODER DALAM MENETAPKAN KODE
DIAGNOSA PENYAKIT SESUAI DENGAN KAIDAH ICD-10
DI RSUD Dr R. SOEDJATI SOEMODIARDJO PURWODADI
KAB.GROBOGAN TAHUN 2017**

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ABSTRAK

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**TINJAUAN SIKAP PETUGAS KODER DALAM MENETAPKAN KODE DIAGNOSA PENYAKIT SESUAI
DENGAN KAIDAH ICD-10 DI RSUD Dr. R SOEDJATI SOEMODIARDJO PURWODADI KAB.GROBOGAN
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Seorang perekam medis harus mampu menentukan dan menganalisa kode penyakit yang meliputi kode primer, sekunder, komplikasi dan tindakan berdasarkan diagnosa yang telah ditulis oleh dokter pada resume medis. Keakuratan kode penyakit bergantung pada kompetensi seorang koder, tingginya beban kerja tenaga koder dapat berpengaruh pada kualitas koding dan juga kepatuhan koder terhadap kaidah ICD-10. Penelitian deskriptif dilakukan dengan metode survei menggunakan pendekatan Retrospektif. Pengumpulan data melalui pengamatan langsung proses koding (penentuan kode diagnosa) oleh koder dengan berpedoman pada SOP koding, sarana dan prasarana yang digunakan untuk membantu proses koding di RSUD Dr.soedjati Soemodiardjo Purwodadi. Berdasarkan 8 aspek SOP koding di RSUD Dr. R soedjati Soemodiardjo purwodadi yang diamati pada 8 petugas koder, 75% petugas patuh terhadap SOP (Standart Operasional Prosedur) koding . 25% petugas tidak patuh terhadap SOP (Standart Operasional Prosedur) koding. Saran, perlu adanya pelatihan koding khususnya bagi tenaga koder yang belum pernah mengikuti pelatihan koding, menghimbau petugas koder agar mematuhi SOP (Standart Operasional Prosedur) di unit koding RSUD Dr.Soedjati Soemodiardjo Purwodadi. Menyediakan ICD-10 versi terbaru, petugas koder harus tetap menentukan kode berdasarkan ICD-10, meskipun petugas koder sudah hafal kodenya.

Daftar pustaka = 15 (1984-2013)

Kata Kunci : Kata Kunci = Rekam Medis, Koding, Standar Oprasional Prosedur

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**REVIEW ATTITUDES OF CODING OFFICERS ON DETERMINING
DISEASES DIAGNOSIS CODE ACCORDING TO ICD-10 RULE AT
RSUD DR. R SOEDJATI SOEMODIARDJO PURWODADI GROBOGAN
DISTRICT YEAR 2017**

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ABSTRACT

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**REVIEW ATTITUDES OF CODING OFFICERS ON DETERMINING DISEASES DIAGNOSIS CODE
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A medical recorder should be able to determine and analyze disease codes that include primary, secondary, complication and action codes based written diagnostic by doctors on medical resumes. Diseases code accuracy depends on coder competencies, high workload of coder's could be affected coding quality as well as coder compliance to ICD-10 rule. Descriptive study was conducted by survey method used Retrospective approach. Data collection through direct observation coding process (determined diagnosis code) by coder based on coding SOPs, facilities and infrastructure used to assist coding process in RSUD Dr.soedjati Soemodiardjo Purwodadi. Based on 8 aspects of coding SOPs in RSUD Dr. R Soedjati Soemodiardjo purwodadi observed in 8 officer koder, 75% officers obedient to coding SOPs (Standard Operating Procedure). 25% of officers were not obedient to coding SOPs (Standard Operating Procedure). Recommendation, need coding training especially for coder who never had attended coding training, Ordered officer to follow coder (Standard Operating Procedure) SOPs in unit coding RSUD Dr.Soedjati Soemodiardjo Purwodadi. Provided latest version of ICD-10, Coder should be specified code based on ICD-10, eventhough Coder has memorized the code.

Literatures = 15 (1984-2013)

Keyword : Keywords = Medical Records, Coding, Standard Operating Procedures